



**APPLICATION FOR OUT OF STATE/COUNTRY COSMETOLOGY INSTRUCTOR
LICENSURE BY RECIPROCITY
GEORGIA STATE BOARD OF COSMETOLOGY**

**237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440**

www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of cosmetology in the State of Georgia.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **NON-REFUNDABLE APPLICATION FEE:** \$75.00 – Cosmetology/Nail Technician/Esthetician.
- ☐ **NOTARIZED APPLICATION:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**.
- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another state, please have that/those state(s) officially certify that license to the Board's office. A letter of certification from EACH state in which you were issued a license must be submitted.
- ☐ **EDUCATION:** All applicants are required to present proof of high school graduation, or GED, or a postsecondary education, or a college degree (copy of high school or college transcript).
- ☐ **CERTIFICATION OF LICENSURE REQUIREMENTS FOR INSTRUCTOR TRAINING:**
Certification of Licensure must indicate how many hours taken and if a written and practical exam was administered.

COSMETOLOGY INSTRUCTOR: 750 credit hours within (1) one year.

NAIL TECHNICIAN INSTRUCTOR: 250 credit hours within four (4) months.

ESTHETICIAN INSTRUCTOR: 500 credit hours within nine (9) months.

HAIR DESIGNER INSTRUCTOR: 750 credit hours within (1) one year.

MASTER TRAINING: If you do not have the number of cosmetology (1,500), esthetics (1,000), Hair Designer (1,325) or nail care (525) school hours required by the State of Georgia, you may be allowed to sit for the exam without acquiring the additional hours pending Board review of documentation of work experience and transcripts of training. *Include documentation if applicable.* **You must obtain a master level license in Georgia prior to applying for an instructor license.**

☐ **PHOTOGRAPH:** A full-face (approximately 2x2) photograph taken within one year before the submission of the application.

☐ **COPY OF LICENSE:** All applicants are required to submit a copy of current Georgia license at the appropriate level.

☐ **AUTHORIZATION FOR RELEASE OF INFORMATION**

☐ **CITIZENSHIP/QUALIFIED ALIEN STATUS:** If not a U.S. citizen, please attach documentation and complete form to determine qualified alien status.

☐ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – Do not staple pages or check/money order. Do not fold pages of the application.**

Other Board Reciprocity Guidelines:

Georgia does **not** reciprocate with California, Connecticut, Florida, Hawaii, Oregon, Washington state, or New York. For all other states, reciprocity will be granted or denied on an individual basis in accordance with the law.

Georgia may reciprocate with Florida if the applicant's license was issued prior to August, 1986, and all other requirements are met. Georgia may reciprocate with New York if the applicant's license was issued prior to June 1, 2001, and all other requirements are met. Georgia may reciprocate with Illinois if the applicant's license was issued prior to December 1984, and all other requirements are met.

****Georgia does not reciprocate the nail technician license with Mississippi and South Carolina.**

****The Georgia State Board of Cosmetology requests that all "OUT-OF-COUNTRY APPLICANTS" provide a copy of the transcripts of training with an official translation of the training. An applicant's documentation of education must be translated to English and must accompany this application.**

Translation of documents must be completed by a translator on the board approved list of translators (see webpage for a list of approved translators).

All out of state applicants must take the exam in the state from which they are reciprocating. Out of state training hours cannot be transferred to Georgia for examination.

O.C.G.A. 43-10-9(d) states: "Should an applicant have a CURRENT cosmetology license in force from another state or country, or territory of the United States, or the District of Columbia, where SIMILAR RECIPROCITY IS EXTENDED TO THIS STATE AND LICENSURE REQUIREMENTS ARE SUBSTANTIALLY EQUAL TO THOSE IN THIS STATE, and pays a fee and submits an application, the applicant may be issued, without examination, a certificate of registration at the appropriate level, entitling the applicant to practice the occupation of cosmetology or the teaching of cosmetology at that level, UNLESS THE BOARD, IN ITS DISCRETION, SEES FIT TO REQUIRE A WRITTEN OR A PRACTICAL EXAMINATION subject to the terms and provisions of this chapter.



GEORGIA STATE BOARD OF COSMETOLOGY
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APPLICATION FOR COSMETOLOGY INSTRUCTOR LICENSE BY RECIPROCITY

Application Fee \$75.00 (non-refundable)

License Type: Cosmetology Instructor _____
(check one) Esthetician Instructor _____
Nail Tech. Instructor _____
Hair Designer Instructor _____

List Additional License Types and number (currently or previously issued by the Georgia Professional Licensing Boards): _____

Name as desired on License: _____
(Please Print) First Middle Last

Name as shown on transcripts or board verification of licensure:
(if different)

_____ First Middle Last

Social Security Number _____ - _____ - _____ **Date of Birth** _____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

_____ **I am a U.S. citizen**

_____ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States (**complete attached form**).

Physical Address _____
P.O. Box not acceptable- Number and Street Apt. No City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

Telephone Number Day Telephone Number Evening Email* FAX

***Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.**

Applicant History

Instructor License Number: _____

* Attach copy of the license. (If license was held in any state(s) other than Georgia, attach a certification of licensure from each state in a sealed envelope.)

Initial Master Level Cosmetology Training (such as Cosmetologist, Hair Designer, Nail Technician or Esthetician)

*Attach copy of license and a licensure certification (in a sealed envelope).

Name of School: _____

Address of School: _____

Date of Enrollment: ____/____/____ Date of Completion: ____/____/____

High School Education

Name of School: _____

Address of High School: _____

Graduation date: ____/____/____ *Attach copy of high school diploma or GED.

Initial Instructor Training

*Attach copy of license and certification of license (in a sealed envelope).

Instructor Training

Name of School: _____

Address of School: _____

Date of Enrollment: ____/____/____ Date of Completion: ____/____/____

This application will be returned if you do not answer the questions on this page.

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations. ☐ Yes ☐ No

If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? ☐ Yes ☐ No

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board.

APPLICANT AFFIDAVIT:

I, being duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made on this application are true and correct to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Georgia State Board of Cosmetology.

I further state that I have read the current state laws and board rules and regulations of the Georgia State Board of Cosmetology, governing the practice of cosmetology and related fields in the State of Georgia. I swear or affirm that I understand these laws and rules. I agree to abide by these laws and rules. I also agree to abide by future laws and rules that may be established by the Georgia State Board of Cosmetology. I understand that violation of the laws and rules governing the practice of Cosmetology and related fields may result in disciplinary action being taken against me which may include suspension or revocation of my license to practice cosmetology.

I also solemnly affirm the attached passport size photograph is a clear and recent photograph of me .

Printed Name

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY SEAL

Notary Signature

My commission expires on ____/____/____

Place passport size Photo here
Must be 2" x 2" (NO COPIES)
Photograph must be less than one year old.



Professional Licensing Boards
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
Fax: (866) 888-1176

Web-Site: www.sos.ga.gov/plb/cosmetology

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature. The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed by the Georgia Board of Cosmetology. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed Signature

Residence Street Address Aliases or Maiden Name

City, State, Zip Sex Race Social Security Number

Date of Birth Date of this Authorization

I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE BY THE GEORGIA STATE BOARD OF COSMETOLOGY.

Release of Information (10-24-08)



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APPLICANT:

PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Print Name)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Qualified Alien Status Form – Feb. 2008